

831

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County	<u>Maricopa</u>	BUREAU OF VITAL STATISTICS	State Index - - - No. <u>247</u>
District	<u>2103</u>	ORIGINAL CERTIFICATE OF DEATH	County Registrar's - No. <u>1244</u>
Town or City	<u>Mesa Ariz.</u>	No. <u>On Road from Mormon Flat Drive</u>	Local Registrar's - No. <u>275</u>
2. FULL NAME <u>Roy Martin Furr</u>		Ward _____	
(a) Residence. No. _____ St. _____		(If nonresident, give city or town and State)	
(Usual place of abode)		Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Married</u> (Write the word)	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day and year)			
7. AGE	Years	Months	Days
<u>27</u>	<u>1</u>	<u>5</u>	IF LESS than 1 day _____ yrs. or _____ mo.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Carpenter</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer			
9. BIRTHPLACE (city or town) <u>Fischer Fltz</u> (State or country) <u>Texas</u>			
10. NAME OF FATHER <u>Boston Furr</u>			
11. BIRTHPLACE OF FATHER (city or town) <u>N. Corina</u> (State or country)			
12. MAIDEN NAME OF MOTHER <u>Kate George</u>			
13. BIRTHPLACE OF MOTHER (city or town) <u>Texas</u> (State or country)			
14. Informant (Address) <u>Dr. Furr</u>			
15. Filed <u>Aug. 2 1924</u> <u>H. L. McNeill</u> Local Registrar. V. S. No. 1 Filed _____, 19 _____ <u>HARRY L. FURR</u> County Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>August 1, 1924</u>			
17. I HEREBY CERTIFY, That I attended deceased from _____, 19 _____ to _____, 19 _____ that I last saw him alive on _____ and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Shock</u> <u>fell 150 ft to ground</u> <u>died in hospital</u> <u>before to hospital</u> CONDUCTORY (duration) _____ yrs. _____ mo. _____ ds. 18. _____ as _____ contract _____ is not at place of death? <u>Minister</u> <u>Rev. R. B. By</u> Was there an autopsy? <u>Yes</u> What test confirmed diagnosis? <u>8/2</u> <u>1924</u> (Address) <u>Mesa</u> (Signed) <u>R. J. Phew</u> , M. D. State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Mesa Cemetery</u>		DATE OF BURIAL <u>Aug 2 1924</u>	
20. UNDERTAKER <u>M. L. Gibbons</u>		ADDRESS <u>Mesa Ariz.</u>	